State of Wyoming Department of Health Maternal and Child Health Program

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA). Contact the Wyoming Department of Health at: Phone 307.777.7656, TTY 307.777.5648, Fax 307.777.7439.

The Wyoming Department of Health (WDH) provides many types of health related services, such as Medicaid, Public Health Nursing, and the Children With Special Health programs. The information we collect about you and your health is private. WDH is required to protect this information by Federal and State law. We call this information "protected health information" or PHI.

The Notice of Privacy Practices will tell you how WDH may use or disclose information about you. Not all situations will be described. WDH is required to give you a notice of our privacy practices for the information we collect and keep about you. WDH is required to follow the terms of the notice currently in effect.

In the future, WDH may change its Notice of Privacy Practices. Any changes will apply to information WDH already has, as well as any information WDH receives after changes have been made. A copy of the new notice will be posted at each WDH site and facility and provided as required by law. You may ask for a copy of the current notice anytime you visit a WDH facility, or get it on-line at: http://wdh.state.wy.us/hipaa.htm.

WDH May Use and Disclose Information Without Your Authorization

• **For Treatment.** WDH may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

Version Date: 3/4/03 Page 1 of 4

- For Payment. WDH may use or disclose information to get payment or to pay for the health care services you receive. For example, WDH may provide PHI to bill your health plan for health care provided to you.
- **For Health Care Operations.** WDH may use or disclose information in order to manage its programs and activities. For example, WDH may use PHI to review the quality of the services you receive.
- Appointments and Other Health Information. WDH may send you reminders for medical care or checkups. WDH may send you information about health services that may be of interest to you.
- **For Public Health Activities.** WDH is the public health agency that keeps and updates vital records and tracks some diseases.
- **For Health Oversight Activities.** WDH may use or disclose information to inspect or investigate health care providers.
- As Required by Law and For Law Enforcement. WDH will use and disclose information when required or permitted by federal or state law or by a court order.
- For Abuse Reports and Investigations. WDH is required by law to receive and investigate reports of abuse.
- **For Government Programs.** WDH may use and disclose information for public benefits under other government programs.
- **To Avoid Harm.** WDH may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.
- **For Research.** WDH uses information for studies and to develop reports. These reports do not identify specific people.
- **Disclosures to Family and Others.** WDH may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

• For Other Situations. WDH will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. WDH cannot take back any uses or disclosures already made with your authorization.

Version Date: 3/4/03 Page 2 of 4

• Other Laws Protect PHI. Many WDH programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for WDH to use and disclose your mental health and chemical dependency treatment records.

Your PHI Privacy Rights

- Right to See and Get Copies of Your Records. In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Amend or Update Your Records.** You may ask WDH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get a List of Disclosures.** You have the right to ask WDH for a list of disclosures of your PHI, made after April 14, 2003. You must make the request in writing. This list will not include when that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of PHI.** You have the right to ask that WDH limit how your information is used or disclosed. You must make the request in writing and tell WDH what information you want to limit and to whom you want the limits to apply. WDH is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **Right to Revoke Permission.** You are asked to sign an authorization to use or disclose information. You can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- Right to Choose How We Communicate with You. You have the right to ask that WDH share information with you in a certain way or in a certain place. For example, you may ask WDH to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **Right to File a Complaint.** You have the right to file a complaint if you do not agree with how WDH has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.

Version Date: 3/4/03 Page 3 of 4

How to Contact WDH to Review, Correct, or Limit Your Protected Health Information (PHI) Held by the Maternal and Child Health Program

You may contact the WDH, Maternal and Child Health Program's office at 307-777-7942, TTY 307-777-5648, fax 307-777-7215 or at 4020 House Ave, Cheyenne, WY 82002 or the WDH Privacy Officer at the address listed at the end of this Notice to:

- * Ask to look at or copy your records
- * Ask to correct or change your records
- * Ask to limit how information about you is used or disclosed
- * Ask for a list of when WDH disclosed information about you
- * Ask to cancel your authorization to disclose information
- * File a complaint

WDH may deny your request to look at, copy or change your records. If WDH denies your request, WDH will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with WDH or with the U.S. Department of Health and Human Services.

How to File a Complaint or Report a Problem

You may contact the U.S. Department of Health and Human Services to file a complaint or to report a problem with how WDH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. WDH cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Upon request, WDH will provide an address for the U.S. Department of Health and Human Services.

For More Information

If you have any questions about this Notice or need more information, please contact the WDH Privacy Officer.

Fran Cadez, J.D.

Wyoming Department of Health - Privacy Officer

2020 Carey Avenue

Cheyenne, WY 82002

Phone: (307) 777-5511 Email: fcadez@state.wy.us

Version Date: 3/4/03 Page 4 of 4